GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:3121
ANSWERED ON:21.03.2007
FUNCTIONING OF PRIMARY HEALTH CENTRES
Reddy Shri Mekapati Rajamohan

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has reviewed the functioning of Health Centres in various States;

(b) if so, whether any survey has been conducted in this regard;

(c) if so, the recommendations submitted by Survey Committee; and

(d) the action taken by the Government thereon?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) & (b) Yes Sir, The National Council of Applied Economics Research(NCAER) was delegated the task of evaluation of Sub-Centres. The Data was collected from 1040 Sub-Centres in 130 districts covering 30% of the districts of 14 major States of India. The States covered are Andhra Pradesh, Karnataka, Tamil Nadu, Gujarat, Maharashtra, Rajasthan, MP, Punjab, UP, Bihar, Orissa, West Bengal, Assam and Jharkhand.

(c) & (d) Major conclusions and Recommendations of NCAER on `Working of Sub-Centres in selected States of India` are -

i. Average number of Villages covered per SC is high as 9 in Jharkhand. The average population per SC is also high. It recommends that the population norms for establishing as SC should be reduced drastically. The number of villages per SC also needs to be brought down to manageable limits.

ii. Lack of permanent SC building is an important constraint in the functioning of SCs. SCs in rented buildings keep on shifting thus creating information gap among the users. Permanent SC buildings provide an incentive to furnish it properly. The sample data shows that compared to SCs in rented building those having owned and rent free buildings have significantly higher proportion of furniture items. Permanently owned buildings is a precondition for improving the quality of delivery and utilization of services. It is also desirable that ANM and Anganwadi Worker house both in a common compound to avoid duplication of certain services. For better service delivery SC building should be located at a central place.

iii. Shortage of staff is quite high and almost half the SCs are functioning without Male Health Worker. The data shows that significantly higher proportion of respondents from the SCs with both ANM and MHW are `fully satisfied` therefore appointing MHW alongwith ANM in all the SCs should be done on priority basis.

iv. A higher proportion of ANMs expressed a need for training, in order to meet new responsibilities. ANM have to spent a lot of time in the field, keeping her away from the Sub-Centre. It has been suggested that she be provided with a mobile phone, which will enable the users to keep track of her.

v. Sensitization of staff, especially towards the requirement of downtrodden in the society and an increase in services like weekly visit by a doctor, labour room, bed facility will increase the popularity of Sub-Centres.

vi. Irregularity in the disbursement of salary to the staff is a serious problem especially in Jharkhand, Bihar, Orissa and Uttar Pradesh. Analysis of data reveals that shortage of equipment and medicines is a serious problem.
The above recommendations have been shared with the concerned State Governments for rectifying the drawbacks, as per Provisions under the implementations Frame work approved for the National Rural Health Missions(NRHM).